MONTANA BOARD OF PHARMACY

301 South Park Avenue, 4th Floor P. O. Box 200513 Helena, Montana 59620-0513 (406) 841-2356 FAX (406) 841-2343

dlibsdpha@state.mt.us discoveringmontana.com/dli/pha

GERNERAL APPLICATION INFORMATION

DANGEROUS DRUG LICENSE

Manufacture/Distribute

- License can only be issued to a business who intends to manufacture or distribute in a wholesale fashion, controlled substances into the State of Montana.

Dispense

- License can only be issued in addition to a Certified Pharmacy or Mail Order Service license. Any pharmacy intending to dispense controlled substances in Montana must obtain a Dangerous Drug Dispenser endorsement

Analyze/Conduct Research

- This license can only be issued to an individual intending to conduct research or analyze controlled substances.

MAIL ORDER PHARMACY LICENSE

This license is required by any entity that;

- Is located outside the State of Montana and ships, mails, or delivers a dispensed legend drug to a resident in this state pursuant to a legally issued prescription.
- Provides to a resident of this state information on drugs or devices that may include but is not limited to advice relating to therapeutic values, potential hazards, and uses.
- Counsels pharmacy patients residing in this state concerning adverse and therapeutic effects of drugs.

REGISTERED PHARMACIST

Original State of Licensure/Score Transfer

- Applicants must have graduated from an American Council of Pharmaceutical Education (ACPE) accredited school of pharmacy.
- Applicants are required to pass NAPLEX and MPJE.

License Transfer

- Applicants must complete the NABP (National Association of Boards of Pharmacy) license transfer application available at www.nabp.net
- After receiving an official application prepared by NABP the applicant will submit the form to the Montana Board of Pharmacy for approval. Upon approval the applicant will be sent all necessary material for examinations.
- The application for License Transfer is good for one year from the date received in the Board of Pharmacy office.

CERTIFIED PHARMACY

- Any facility dispensing prescription drugs or medicines must be licensed as a Certified Pharmacy.
- A schematic drawing of the pharmacy area is required with each application for a Certified Pharmacy.
- A Pharmacist-in-Charge must be designated for each Certified Pharmacy. The Pharmacist-in-Charge must hold and active Registered Pharmacist license in the State of Montana. Any change in Pharmacist-in-Charge must be reported in writing to the Board of Pharmacy office immediately.
- Any change in ownership or location of a Certified Pharmacy requires a new application be filed with the Board of Pharmacy.
- Each application for a Certified Pharmacy must designate the class of license being applied for. The definitions for each class of license can be found in 8.40.702, ARM.
- It is unlawful for a medical practitioner to own, directly or indirectly, a community pharmacy.

TECHNICIAN UTILIZATION PLAN

- Any Certified Pharmacy choosing to utilize a pharmacy technician must apply for a Technician Utilization Plan license.

- All application must be accompanied by a written plan for training and daily procedures for a pharmacy technician.
- All pharmacists responsible for supervision of the pharmacy technician must sign the application.

REGISTERED INTERN PHARMACIST

- To register as an intern, the applicant must be currently enrolled in an ACPE (American Council of Pharmaceutical Education) school of pharmacy.
- Applicants must register as an intern to practice pharmacy if not a registered pharmacist licensed in Montana.
- After taking the NAPLEX as an intern, applicants must complete all requirements for a registered pharmacist license within six months.

WHOLESALE DRUG DISTRIBUTOR

- This license is required of any entity engaged in the manufacturing, wholesale distribution, or selling of drugs, medicines, chemicals, or poisons for medicinal purposes other than to the consuming public or patient in the State of Montana.
- For wholesalers within the State of Montana, each location is required to obtain a license.
- For wholesalers outside the State of Montana, only the primary location of each entity is required to obtain a license.

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APPLICATION FOR APPROVAL OF PHARMACY TECHNICIAN UTILIZATION PLAN APPLICATION FEE \$150.00 (NON-REFUNDABLE)

INSTRUCTIONS:

- 1. Make check or money order payable to the Montana Board of Pharmacy.
- 2. Review the Statutes and Administrative Rules of Montana on the internet at discoveringmontana.com/dli/pha
- 3. Include a copy of the technician utilization plan you will be using. (If you will be using the MSPA Core Module Technician Training, do not submit it with this application, the Board office has it on file.)

Pharmacy Name:	Certificate #:		
Mailing Address:			_
Physical Address:			_
City:	State:	Zip Code:	_
Telephone Number:	Fax	x:	_
Supervising Pharmacists:			
Name:		MT License #	
Name:		MT License #	
Name:		MT License #	
Name:		MT License #	
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Name:		MT License #	

Form TECH-PHA 3/01 Page 2 of 2 1. Name of Pharmacy Technician Utilization Pl	an to be	used:	
Pharmacy Technician Utilization Plan must inclu	de the re	quirements set forth in 37-7-307, MCA.	
		and understood the Montana Pharmacy Technician Utilization application for approval are true and correct in all respects.	on
Signature(s) of Supervising Pharmacists:			
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You must submit any amendments to this plan to the Montana Board of Pharmacy office in writing within 10 days of the changes.